Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)	OMB No.: 0938-		
	State: _	District of Columbia			
Citation 1902(a)(52) and 1925 of		Families Receiving Extended	i Medicaid Benefits		
the Act	(a)	Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).			
	(b)	Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are			
		Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in <a href="https://doi.org/10.1007/journal.org/">ATTACHMENT 3.1-A (Commay be greater if provided through a caretaker relative employer's health insurance plan).</a>			
		recipients, (or may b through a caretaker r	categorically needy AFDC egreater if provided elative employer's health any one or more of the		
		services in an ins	ervices (other than titution for mental viduals 21 years of age or		
		∠√ Medical or remedia licensed practitio	l care provided by ners.		
		∠¥ Home health servic	es.		
	91-9	Date NC 0 1333 Effec			
Supersedes TN No		Effec	tive Date $\frac{\int t \int \Im t \int \Im t}{2}$		

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Citation 3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

 $\overline{XX}$  Private duty nursing services.

Physical therapy and related services.

Other diagnostic, screening, preventive, and rehabilitation services.

Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental digeases.

Intermediate care facility services for the mentally retarded.

Inpatient psychiatric services for individuals under age 21.

<u>kx</u> Hospice services.

∠xxx Respiratory care services.

Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No91-9 Supersedes

TN No. 90-13

Approval Date

NOV. 3 C 1993

Effective Date 10/31/91

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	State: D	istrict	of Columbia		
Citation		milies R ontinued	eceiving Extended Medicaid Benefits )		
	(c) <u>k</u>	fees for	agency pays the family's premiums, enrollment, deductibles, coinsurance, and similar costs health plans offered by the caretaker's over as payments for medical assistance		
		<u> </u>	. 1st 6 months		
	<b>Æ</b>	emple	agency requires caretakers to enroll in oyers' health plans as a condition of ibility.		
		<u> </u>	1st 6 mos. $\sqrt{3}$ 2nd 6 mos.		
	(d) (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:				
		ΔĬ	Enrollment in the family option of an employer's health plan.		
			Enrollment in the family option of a State employee health plan.		
			Enrollment in the State health plan for the uninsured.		
:			Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).		
TN No. 9]- Supersedes	Approval	Date	Effective Date 10/31/91		
TN No. <u>90</u>	<u>-13</u>		HCFA ID: 7982E		

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State: District of Columbia

Citation

3.5 <u>Families Receiving Extended Medicaid Benefits</u> (Continued)

<u>Supplement 2 to ATTACHMENT 3.1-A</u> specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- // (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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TN No. 91-9 Supersedes Approval Dat	te	Effective Date $\frac{10/31/91}{}$	
TN No 90_13_			_
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